



St. Joseph's College of Nursing

Financial Aid Office
206 Prospect Ave
Syracuse, NY 13203
F: 315-448-5745

2023-2024 Independent Verification Worksheet Federal Student Aid Programs

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for a process called *Verification* by the U.S Department of Education. The law states that colleges must verify the information you report on the FAFSA. To verify that you provided correct information, St. Joseph's College of Nursing will compare your FAFSA with the information on this worksheet and with any other required documents. If there are discrepancies, your FAFSA information may need corrections and could affect the student federal eligibility. The financial aid review process will be placed on hold until the verification is completed.

A. Student Information

| | | | |
|------------------------|------------|------|------------------------|
| Student's Last Name | First Name | M.I. | Social Security Number |
| Permanent Home Address | | | |

B. Household Information

Number of Household Members: List below the people in the student's household. Include:

- The student
- The student's spouse (if married)
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2023, through June 30, 2024, even if a child does not live with the student,
- Other people, if they now live with the student, and the student and/or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2024,
- Number in College: Include in the space below information about any household member, **including** the spouse, who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, and include the name of the college.

| Full Name | Age | Relationship | Name of College Enrolled at Least Half-Time |
|-----------|-----|--------------------------|---|
| | | Self | St. Joseph's College of Nursing |
| | | Spouse/Significant Other | |
| | | | |
| | | | |
| | | | |
| | | | |

* Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

2023-2024 Independent Verification Worksheet
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Tax Filers

Instructions: Complete this section if you, the student and spouse, filed or will file a 2021 IRS income tax return(s).

Check one (1) box that applies.

- The student HAS USED the IRS Data Retrieval Tool (DRT) transferring 2021 IRS income tax return information into the student's FAFSA.
- The student HAS NOT, BUT WILL USE the IRS Data Retrieval Tool (DRT) in the FAFSA, but will use the [tool](#) to transfer 2021 IRS income tax return information into the student's FAFSA (recommended).
- The student are unable or choose not to use the IRS Data Retrieval Tool (DRT) in the FAFSA, and instead will provide the institution with one (1) of the following:
 - **2021 IRS Tax Return Transcript(s)**
 - **Signed** copy of the 2021 income tax returns and schedules
 - Automated Telephone Request – 1-800-908-9946

Non-Tax Filers ONLY

Complete this section if the student and/or spouse will not file and are not required to file a 2021 income tax return with the IRS.

Check the box that applies:

- The student and spouse were not employed and had no income earned from work in 2021.
- The student and/or spouse were employed in 2021, but not required to file 2021 taxes

| Employer's Name | Amount Earned |
|---|---------------|
| | |
| | |
| | |
| | |
| | |
| | |
| Total Amount of Income Earned From Work | \$ |

Required Attachments for Non-Filers:

- I have requested the [Verification of Non-Filer Statement \(Form 4506T\)](#) from the IRS and have attached the confirmation received from the IRS, or
- I (and spouse, if applicable) attempted, but was unable to obtain a Verification of Non-Filer Statement from the IRS dated on or after October 1, 2022, and attest, I did not file 2021 taxes.
- Attached all applicable W2s, 1099s

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Federal Student Aid Programs**

Additional 2021 Financial Information (Do not leave any boxes blank)

| | | Student | Spouse |
|----|---|----------------|---------------|
| 1. | Payments to tax deferred pension and savings plans (paid directly or withheld from earnings.) (W2 – Box 12 – Includes the following codes: D, E, F, G, H, S) | \$ | \$ |
| 2. | Child support received for all children. Do not include foster or adoption payments. | \$ | \$ |
| 3. | Child support paid by any member of the family to another household. | \$ | \$ |
| 4. | Housing, food and other living allowances paid to members of the clergy or others. | \$ | \$ |
| 5. | Veteran’s non-education benefits such as Disability, Death Pension, or Dependency & Indemnity. Compensation (DI) and/or VA Educational Work-Study allowances. | \$ | \$ |
| 6. | Other untaxed income not reported, such as worker’s compensation, disability, untaxed portions of health savings accounts from IRS Form 1040 Line 25, etc. | \$ | \$ |
| 7. | Food Stamps – Supplemental Nutrition Assistance Program (SNAP) benefits any time during 2021 and/or 2022. | \$ | \$ |

Certification and Signature

Each person signing below certifies that all of the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Print Student’s Name

Student’s ID Number

Student’s Signature (Required)

Date

Spouse’s Signature (Required, if applicable)

Date

To submit documents electronically in its entirety, email financialaid@sjhcon.edu to request a secure upload link or fax to (315) 448-5745 within 7-10 business days.